



Disciplinary Report Form

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|--|---------------------------------|---|
| Employee name: Sam Griffin | Hire Date: 10/28/2015 | Job title: Grinder |
| Department: Grind | Shift: 1st | Supervisor: Nick R. |
| Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation Work rule violated, if any: | | |
| Type of offense: <input type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Leaving work area without permission <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Damaging/Losing property/equipment <input type="checkbox"/> Using property/equipment for personal use <input type="checkbox"/> Leaking confidential information <input type="checkbox"/> Theft or fraud <input type="checkbox"/> Lying or cheating <input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Unsafe behavior <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Fighting or creating conflict <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Rudeness <input type="checkbox"/> Abusiveness <input type="checkbox"/> Horseplay <input type="checkbox"/> Indecent behavior <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Failing to follow instructions <input type="checkbox"/> Poor work quality <input type="checkbox"/> Poor work quantity <input type="checkbox"/> Refusing to work <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other | | |
| Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.) ① Failed to shut off machine properly because of wrong books | | |
| Completed by: Renee Burns | | Date: 7/20/2016 |
| (Shaded area to be completed by Human Resources only.) | | |
| Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Release <input type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof | | Previous warnings: Type: _____ Offense: _____ Date: _____ Type: _____ Offense: _____ Date: _____ |
| Consequence if incident occurs again: possible termination/suspension | | |
| Human Resources Signature(s): Renee Burns | | Date: 7/20/16 |
| Employee statement: <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. Date report presented to employee: | | |
| Employee comments: (Attach sheets if necessary.) | | |
| Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form. Employee signature: <u>Sam Griffin</u> Date: <u>7-20-2016</u> Witness signature (if any): _____ Date: _____ Signature of person presenting report: _____ Date: _____ | | |